

FORM
2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
Document Number: 400206188			
PluggingBond SuretyID 20110161			

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☐ GAS ☒ COALBED ☐ OTHER _____
SINGLE ZONE ☐ MULTIPLE ☒ COMMINGLE ☒

Refiling ☐
Sidetrack ☐

3. Name of Operator: DJ PRODUCTION SERVICES INC 4. COGCC Operator Number: 22400
5. Address: 1273 FALCON COURT
City: WINDSOR State: CO Zip: 80550
6. Contact Name: Jeff Reale Phone: (303)947-1387 Fax: ()
Email: lam53@msn.com
7. Well Name: Nelson Well Number: 5-12
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 7750

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 5 Twp: 4n Rng: 67w Meridian: 6
Latitude: 40.345970 Longitude: -104.919260

Footage at Surface: 1120 feet FNL/FSL FNL 1275 feet FEL/FWL FWL

11. Field Name: Johnstown Field Number: 42600
12. Ground Elevation: 4851 13. County: WELD

14. GPS Data:

Date of Measurement: 08/26/2011 PDOP Reading: 2.2 Instrument Operator's Name: C. VANMATRE

15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1957 FNL 561 FWL FWL Bottom Hole: FNL/FSL 1957 FNL 561 FWL FWL
Sec: 5 Twp: 4n Rng: 67w Sec: 5 Twp: 4n Rng: 67w

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 316 ft

18. Distance to nearest property line: 150 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 830 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Codell / Niobrara	Cd/Nb	407-87	80	S/2 NW/4

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____

22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☐ Yes ☒ No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☐ Yes ☐ No

23b. If 23 is No: ☒ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bond ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

N/2 sec 5 4N 67W 320 acres

25. Distance to Nearest Mineral Lease Line: 561 ft

26. Total Acres in Lease: 320

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? ☐ Yes ☐ No

31. Mud disposal: ☒ Offsite ☐ Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: ☐ Land Farming ☒ Land Spreading ☐ Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	8+5/8	24#	0	500	360	500	0
1ST	7+7/8	4+1/2	11.6#	0	7,750	550	7,750	3,000

32. BOP Equipment Type: ☐ Annular Preventer ☒ Double Ram ☐ Rotating Head ☐ None

33. Comments No conductor casing will be set. SUA is attached

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☐ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☒ Yes ☐ No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jeff Reale

Title: Agent Date: 9/23/2011 Email: lam53@msn.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400206188	FORM 2 SUBMITTED
400206203	WELL LOCATION PLAT
400206205	TOPO MAP
400206206	OTHER
400206281	SURFACE AGRMT/SURETY
400206635	LOCATION DRAWING
400206813	ACCESS ROAD MAP
400208148	DEVIATED DRILLING PLAN
400208149	DEVIATED DRILLING PLAN
400208453	HYDROLOGY MAP
400208510	LOCATION PHOTO
400208516	LOCATION PHOTO
400208518	LOCATION PHOTO
400208519	LOCATION PHOTO

Total Attach: 14 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)